but does not go into the question of the material from which these particular specimens were made, apart from stating that its thickness was 0.038 mm. (as against 0.075 mm. for a thin rubber sheath), and that it is somewhat permeable to water and to solutions of common salt. The objects are very stiff, and would have needed softening before use. This would explain Boswell's reference in his *Journal* to his dipping his "armour" in the Serpentine in the Park before using it.

One of these sheaths has now been examined by Professor J. Z. Young in the department of anatomy of University College, London. It proved to be made of a sheep's caecum. The pattern of the blood vessels in the material is clearly recognizable, and it was found possible to make similar objects in the laboratory by drying sheep's caeca on wood, curing in alum, scraping, oiling, and pressing. However, the original specimens were of rather finer texture than any Professor Young succeeded in making. It is known that some early condoms were made from the swim-bladders of fish and from various sorts of skin, and Dr. James Ziegler, of the New York University College of Medicine, has drawn my attention to two early references to the use of sheep's caeca for this purpose.

In Robley Dunglinson's *A New Dictionary of Medical Science and Literature* (3rd edition, but including the preface of the 2nd edition of 1839), *Condom* is described as: "Armour, Posthocalyptron, French letter, Cytherean shield, (Fr.) Baudruche, Redingote anglaise, Gant des dames, Calotte d'assurance, Peau divine, Chemisette. The intestinal caecum of a sheep, soaked for some hours in water, turned inside out, macerated again in weak alkaline ley [*sic*], changed every twelve hours, scraped carefully to abstract the mucous membrane, leaving the peritoneal and muscular coats exposed to the vapour of burning brimstone, and afterwards washed with soap and water. It is then blown up, dried, cut to the length of seven or eight inches, and bordered at the open end with a riband. It is drawn over the penis prior to coition, to prevent venereal infection and pregnancy."

In Grose's *A Classical Dictionary of the Vulgar Tongue*,[2] *Cundum* is defined as "the dried gut of a sheep, worn by men in the act of coition, to prevent venereal infection; said to have been invented by one Colonel Cundum." The entry adds the following interesting details: "These machines were long prepared and sold by a matron of the name of Phillips, at the Green Canister, in Half-Moon Street, in the Strand [*sic*]. That good lady having acquired a fortune, retired from business; but learning that the town was not well served by her successors, she, out of patriotic zeal for the public welfare, returned to her occupation; of which she gave notice by divers handbills, in circulation in the year 1776. Also a false scabbard over a sword, and the oil-skin case for holding the colours of a regiment."

—I am, etc.,

London, N.W.3. JULIAN HUXLEY.

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Amphetamine Psychosis

SIR,—From time to time reports appear in the medical press of toxic reactions due to overdosage with amphetamine and related compounds. Since these drugs became available for therapy some twenty years ago there has been an increasing number of reports of psychotic illness as one of the manifestations of amphetamine intoxication. In Great Britain, however, there have been only six such reports, two of which were of psychotic illness following inhalation only. This form of toxic reaction might seem, therefore, to be rare in this country. The investigation of a case of a paranoid psychosis occurring after ingestion of the contents of a "methedrine" (methylamphetamine hydrochloride) inhaler led me to study the matter more fully. Forty-two such cases were discovered with comparative ease. The analysis of the physical and mental features of the intoxication, the family and personal histories of the patients, their personalities, etc., together with biochemical studies of the excretion of the drug in the urine, can be seen elsewhere.[1 2] These findings will be published as a Maudsley monograph.

It is the purpose of this letter to draw attention to the widespread abuse of amphetamine in this country, which has not previously been demonstrated, and to mention that a common result of amphetamine intoxication is the development of a paranoid psychosis indistinguishable from schizophrenia, during which the patient may be a serious social danger. A further point of general social importance is that many of the patients studied obtained the drug from inhalers freely available to the general public, each inhaler containing as much amphetamine as would be present in 110 5-mg. tablets of amphetamine sulphate. The anomaly of the law which permits the free sale of such inhalers while restricting the sale of tablets has been pointed out on a number of occasions,[3-6] but there has been a lack of evidence demonstrating the real need for such a restriction. This evidence is now available. It is of interest to note that some drug firms withdrew their amphetamine inhalers from the market because of the considerable increase in the sale of inhalers which took place after amphetamine had been placed on schedule 4 of the poisons rules.—I am, etc.,

London, S.E.5. P. H. CONNELL.

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Benactyzine

SIR,—The article on benactyzine as an aid in treatment of anxiety states (*Journal*, February 9, p. 306) by Professor G. R. Hargreaves and Drs. M. Hamilton and J. M. Roberts is commendable as a contribution to the problem of designing a satisfactory method for drug trials in psychiatry. But the problem is a long way from being solved. In pointing out many of the weaknesses of previous studies the authors are, I think, doing a service to psychiatry, for it is largely by noting such criticism that workers in this difficult field learn to improve their technique. I hope therefore that the authors will not take it amiss if in turn—and with great respect—I list what seem to me certain weaknesses in their own valuable paper.

In 8 of the 14 patients receiving the drug there were side-effects of such severity that the dosage had to be reduced. We must inevitably suspect that the assessors guessed these patients to be on the drug and so may have been biased in their assessments. Such bias is always to be suspected where any drug with side-effects is tested against an inert control and, in general, can only be eliminated by the use of a positive control—i.e., another drug with similar side-effects. The bias might not be very serious if it concerned only a small portion of cases and if it can be shown that such cases scored no better than those not under suspicion; but when it concerns more than half the group, and when the response of these particular cases is not mentioned, I think our confidence in the results must be shaken. This possibility of bias is especially unfortunate in the present trial on account of the following criticism.

Six cases were "rejected" from the trial before the drug code was known. Of these six, the five who showed considerable improvement had all been on the control, while the one who showed worsening had been on the drug. Surely the whole point of a controlled trial is that variables other than those being tested are assumed to be either eliminated or the same in each of the trial groups. Without arguing whether a patient's "life situation" can be satisfactorily assessed by the bare criterion of "changed" or "unchanged" during a three-week period, I think it would be generally considered an error of principle to "discard" cases that have successfully completed the trial. It is clear that if these six rejected cases are added to the results of table II the mean difference between the improvement score for the control and for the benactyzine group becomes unimpressive (7.8 against 9.4). Incidentally—though it is a small point—the mean improvement score for the control group in table II should clearly be 5.7 and not 5.6.